

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
EMAIL
2009 OCT 26 AM 10:07

COMMITTEE NAME (Must be same as on Statement of Organization)

FRANK BRIMMER FOR MAYOR

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

FRANK BRIMMER

Political Party (if applicable)

Republican

Office Sought

MAYOR

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Craig P. Johnson
SIGNATURE OF PERSON FILING REPORT

319 334-2413
TELEPHONE

10/24/09
DATE SIGNED

I AM FILING A OCTOBER 29, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/3/09

County & Local Committees, enter County in
which Election is held

Buchanan

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,800.00

Schedule F: Loans Received total (Attach Schedule F)

1,550.27

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

3,350.27

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,271.76

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

528.24

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,550

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

FRANK BRIMMER FOR MAYOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/9/09	ID# CK#	BRIAN MEYER 207 TERRACE DR. INDEPENDENCE, IA 50644	—	\$50.00	<input type="checkbox"/>
10/9/09	ID# CK#	Craig Coffman 2144 HORSE SHOE DR. INDEPENDENCE, IA 50644	—	50.00	<input type="checkbox"/>
10/9/09	ID# CK#	Craig Johnson 413 13TH AVE. N.E. INDEPENDENCE, IA 50644	—	25.00	<input type="checkbox"/>
10/9/09	ID# CK#	GARY SHORT 1981 THREE ELMS PARK RD INDEPENDENCE, IA 50644	—	100.00	<input type="checkbox"/>
10/9/09	ID# CK#	Jim BLIN 1601 1ST STREET E. INDEPENDENCE, IA 50644	—	250.00	<input type="checkbox"/>
10/9/09	ID# CK#	JUDY BLIN 1601 1ST STREET E. INDEPENDENCE, IA 50644	—	250.00	<input type="checkbox"/>
10/9/09	ID# CK#	KATH BERENING 1203 LINDEN ST. DECATUR, IA 52101	—	100.00	<input type="checkbox"/>
10/9/09	ID# CK#	BRIAN LIDDY 903 REBECCA CT. INDEPENDENCE, IA	—	100.00	<input type="checkbox"/>
10/9/09	ID# CK#	CHAD L. RANNEBAUM 417 RIDGEVIEW DR. INDEPENDENCE, IA	—	100.00	<input type="checkbox"/>
10/9/09	ID# CK#	Jim HUGHES 609 FIRST ST. WEST INDEPENDENCE, IA 50644		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1050.00

TOTAL (if last page of this schedule)

\$ /

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

FRANK BRUNGER FOR MAYOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/9/09	ID# CK#	KAREN CONNELL 312 2ND AVE. SW INDEPENDENCE IA 50644	-	\$ 100.00	<input type="checkbox"/>
10/14/09	ID# CK#	MARTY BROWN PO. BOX 798 INDEPENDENCE IA 50644	-	100.00	<input type="checkbox"/>
10/16/09	ID# CK#	RICHARD SHILLINGLAW 508 3RD AVE. S.E. INDEPENDENCE IA 50644	-	50.00	<input type="checkbox"/>
10/19/09	ID# CK#	JOHN BELL 2102 220TH ST. INDEPENDENCE IA 50644	-	50.00	<input type="checkbox"/>
10/19/09	ID# CK#	JOHN CRAWFORD 302 7TH ST. N.E. INDEPENDENCE IA 50644	-	100.00	<input type="checkbox"/>
10/23/09	ID# CK#	JEFF FRUKTENICHT 2055 215 ST. INDEPENDENCE IA 50644		100.00	<input type="checkbox"/>
10/22/09	ID# CK#	RANDY BLIN 1805 GOLF COURSE BLVD INDEPENDENCE IA 50644		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 750

TOTAL (if last page of this schedule)

\$1,800.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Rec'd Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

FRANK BRIMMER FOR Mayor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19/09	ID# CK#	THE WINTHROP NEWS 215 W MADISON, BOX 9 WINTHROP IA 50662	NEWSPAPER AD	\$315.60
10/19/09	ID# CK#	INDEPENDENCE BULLETIN JOURNAL 900 5TH AV. N.E. INDEPENDENCE, IA 50644	NEWSPAPER AD	478. ⁰⁸
10/24/09	ID# CK#	INDEPENDENCE BULLETIN JOURNAL 900 5TH AV. N.E. INDEPENDENCE, IA 50644	NEWSPAPER AD	478. ⁰⁸
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL

TOTAL (If last page of this schedule)

\$293.68 1271.76
\$293.68 1271.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

FRANK BRINNER FOR MAYOR

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
10/24/09	FRANK BRINNER 142 CARDINAL COURT	SELF	\$ 2050.27 1550.27

TOTAL (PART I)

\$ 2050.27

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 2050.27, 1550.27

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(for Schedule F)